

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3							53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9	1						59						
10							60						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	1					TOTAL IND.						
TOTAL DEP.		3					TOTAL DEP.						
TOTAL CLAIMS	2	4					TOTAL CLAIMS						